

WORK LOCATION PERSONNEL PROTECTION AND SAFETY EVALUATION FORM

Prepared by Sheila Pachernegg

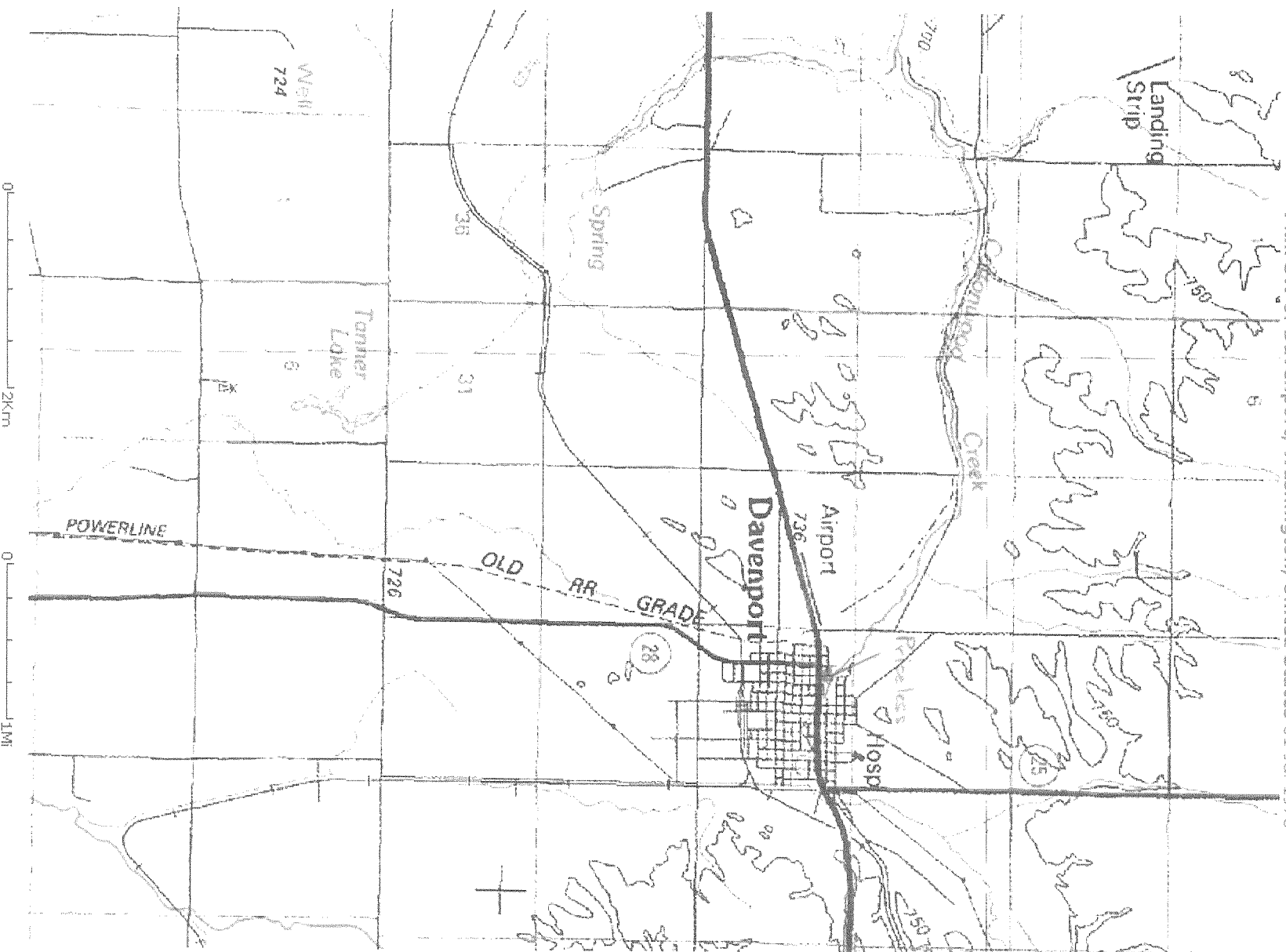
Date April 9, 2004

A. WORK LOCATION DESCRIPTION

1. Name: Former Priceless Gas (Merit Truck Stop, Inc. - F.O.F. Inc.)
2. Location: 1110 Morgan Street, Davenport, Washington
3. Anticipated activities: Soil and groundwater sampling, air quality measurement, construction activities (excavation and remedial action equipment installation).
4. Size: Approximately 0.4 acre
5. Surrounding Population: Urban
6. Buildings/Homes/Industry: Light industrial and residential.
7. Topography: Relatively flat.
8. Anticipated Weather: Dry, 75-90 deg. F
9. Unusual Features: None.
10. Site History: The former Priceless Gas property (Site) is owned by Merit Truck Stop, Inc. - F.O.F. Inc. (Boise, Idaho) and is located in Davenport, Washington. The site was operated as a retail gas station until June 1998 when the four onsite underground storage tanks (one 12,000-gallon unleaded gasoline tank, one 10,000-gallon diesel tank, one 3,000-gallon regular gasoline tank, and one 3,000-gallon premium gasoline tank) were temporarily closed. On November 13, 1998, the owner of the residence immediately north of the site reported to Ecology Spill Response that gasoline was seeping through the rock wall of his basement. The owner of the site was notified by Ecology and gave access permission for Ecology to perform some investigative activities at the site.
Previous work completed at the site is documented in the following:
 - *Site Investigation, UST Removal and Remedial Activities Report* prepared by Olynpus Environmental (dated April 12, 1999).
 - *Remedial Investigation Report*, prepared by Sheila Pachernegg, May 2000.
 - *Remedial Investigation/Feasibility Study (RI/FS) Supplemental Report*, prepared by Sheila Pachernegg, April 2001.

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USGS 4 km SW of Davenport, Washington, United States 01 Jul 1978



0 2km

0 1mi

Image courtesy of the U.S. Geological Survey

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B. HAZARD DESCRIPTION

1. Background Review: Complete () Partial (X)

If partial, why? All utilities will be located (below ground and overhead) prior to initiation of subsurface investigations.

2. Hazard Level: B () C () D (X) Unknown ()

Justification:

Types of Hazards: (Attach additional sheets as necessary)

A.	Chemical	(X)	Inhalation	(X)	Explosive	(X)
	Biological	()	Ingestion	(X)	O ₂ Def.	(X)
			Skin Contact	(X)		

Describe: Direct contact with contaminated soil or inhalation of vapors. Confined space issues in basement of residence, remediation trench, and vault. Natural gas line at residence and alley.

B.	Physical	(X)	Cold Stress	()	Noise	()
			Heat Stress	(X)	Other	()

Describe: Hazard associated with work around heavy equipment.

C. Radiation ()

Describe: N/A

4. Nature of Hazards:

Air (X) Describe: Vapors and confined space entry in residence basement, remediation trench, and vault

Soil (X) Describe: Dermal contact with or ingestion of contaminated soil

Surface Water () Describe: N/A

Groundwater (X) Describe: Dermal contact with or ingestion of contaminated groundwater.

Other () Describe: N/A.

5. Chemical Contaminants of Concern () N/A

Contaminant	TWA (ppm)	I.D.L.H. (ppm)	Source/Quantity Characteristics	Route of Exposure	Symptoms of Acute Exposure	Instruments Used to Monitor Contaminant
Benzene	1	500	petroleum contaminated soils and groundwater	Dermal, ingestion, inhalation	Irrit.(eyes, skin ,nose), resp sys; gidd; head, nau, staggered gait; ftg, anor, lass; derm; bone marrow depres; (carc.)	PID or equiv. method
Lead	0.050 mg/m3	100 mg/m3 (as Pb)	petroleum contaminated soils	Inhalation, ingestion, contact	Weak lass, insom; facial pallor; pal eye, anor, low- wht, malnut; constip, abdom pain, colic; anemia; gingival lead line; tremor; para writs, ankles; encephalopathy; kidney disease ; irrit eyes; hypotension	No lead monitoring. PID or equiv. method (for benzene) Employ dust control measures

6. Physical Hazards of Concern () N/A

Hazard	Description	Location	Procedures Used to Monitor Hazard
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Hazards associated with work around heavy equipment. High level of safety consciousness will be employed to minimize hazards.
Heat stress. Work breaks, water available, revised work schedule if excessive heat.

7. Work Location Instrument Readings (X) N/A

8. Hazards expected in preparation for work assignment (X) N/A
Describe:

C. PERSONAL PROTECTIVE EQUIPMENT

1. Level of Protection

A () B () C (X) D (X)

Location/Activity: All activities.

2. Protective Equipment (specify probable quantity required)

<u>Respirator</u> () N/A	<u>Clothing</u> () N/A
() SCBA, Airline	() Fully Encapsulating Suit
(X) Full-Face Respirator	() Chemically Resistant Splash Suit
(X) Half-Face Respirator (Cart. organic vapor) (Only if upgrade to Level C)	() Apron, Specify _____
() Escape Mask	(X) Tyvek Coverall (optional)
(X) None	() Saranex Coverall
() Other _____	() Coverall, Specify _____
() Other _____	(X) Other <u>cotton</u> coverall _____
<u>Head & Eye</u> () N/A	<u>Hand Protection</u> () N/A
(X) Hard Hat during construction.	(X) Undergloves _____ <u>Vinyl</u> _____ Type
() Goggles	() Gloves _____ Type
() Face Shield	(X) Overgloves <u>neoprene/nitrile</u> _____ Type
(X) Safety Eyeglasses during construction and groundwater monitoring.	() None
() Other _____	() Other _____
<u>Foot Protection</u> () N/A	
() Neoprene Safety Boots with steel toe/shank	
() Disposable Overboots	
(X) Other <u>sturdy</u> sole work boots _____	

3. Monitoring Equipment (X) N/A

- | | |
|-------------------------------|--|
| (X) CGI | (X) PID (optional) |
| (X) O ² Meter | () FID |
| () Rad Survey | (X) Other - Petroleum Vapor Meter (optional) |
| (X) Detector Tubes (optional) | |
| Type: Benzene | |

D. PERSONNEL DECONTAMINATION

Required (X) Not Required ()

EQUIPMENT DECONTAMINATION

Required (X) Not Required ()

Decontamination procedures will be reviewed with site personnel prior to commencing construction activities. Decontamination procedures will address personnel, heavy equipment, and sampling devices.

E. PERSONNEL

	Name	Work Location Title/Task	Medical Current	Fit Test Current
1.			()	()
2.			()	()
3.			()	()
4.			()	()
5.			()	()
6.			()	()
7.			()	()
8.			()	()
9.			()	()
10.			()	()

Site Safety Coordinator _____

F. ACTIVITIES COVERED UNDER THIS PLAN

Task No.	Description	Preliminary Schedule
1	Sampling of groundwater monitoring wells and soils.	to be determined
2	Construction activities.	to be determined

G. SUBCONTRACTOR'S HEALTH AND SAFETY PROGRAM EVALUATION (X) N/A

Name and Address of Subcontractor:

Activities to be Conducted by Subcontractor:

Item	EVALUATION CRITERIA		Comments
	Adequate	Inadequate	
Medical Surveillance Program	()	()	
Personal Protective Equipment Availability	()	()	
Onsite Monitoring Equipment Availability	()	()	
Safe Working Procedures Specification	()	()	
Training Protocols	()	()	
Ancillary Support Procedures (if any)	()	()	
Emergency Procedures	()	()	
Evacuation Procedures Contingency Plan	()	()	
Decontamination Procedures Equipment	()	()	
Decontamination Procedures Personnel	()	()	

GENERAL HEALTH AND SAFETY PROGRAM EVALUATION: ADEQUATE () INADEQUATE ()

Additional Comments:

Evaluation Conducted By: _____ Date: _____

EMERGENCY FACILITIES AND NUMBERS

HOSPITAL Lincoln County Hospital

DIRECTIONS East on Morgan St. (US Hwy 2) towards 12th Street

TELEPHONE 725-7101

EMERGENCY TRANSPORTATION SYSTEMS:

EMERGENCY ROUTES - Map attached.

EMERGENCY CONTACTS

BMA

Mike Boatsman (Ecology project manager)	(509) 329-3492
Peter Hirschburg (owner representative)	(208) 377-0024
Hospital	(509) 725-7101
Fire Department	(509) 725-3636
Police Department	(509) 725-2255
Lincoln Co. Environ. Health	(509) 725-2501

In the event of an emergency, do the following:

1. Call for help as soon as possible. Call 911. Give the following information:
 - WHERE the emergency is - use cross streets or landmarks
 - PHONE NUMBER you are calling from
 - WHAT HAPPENED - type of injury
 - HOW MANY persons need help
 - WHAT is being done for the victim(s)
 - YOU HANG UP LAST - let the person you called hang up first.
2. If the victim can be moved, paramedics will transport to the hospital. If the injury or exposure is not life threatening, decontaminate the individual first. If decontamination is not feasible, wrap the individual in a blanket or sheet of plastic prior to transport.
3. Notify the Ecology project manager.

**HEALTH AND SAFETY PLAN
APPROVAL/SIGN OFF FORMAT**

I have read, understood, and agreed with the information set forth in this Health and Safety Plan (and attachments) and discussed in the Personnel Health and Safety briefing.

_____	_____	_____
Name	Signature	Date
_____	_____	_____
Name	Signature	Date
_____	_____	_____
Name	Signature	Date
_____	_____	_____
Name	Signature	Date
_____	_____	_____
Site Safety Coordinator		
_____	_____	_____
Project Manager	Signature	Date

Personnel Health and Safety Briefing Conducted By:

_____	_____	_____
Name	Signature	Date